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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/805,111-Conf. #1491
	Filing Date	March 14, 2001
	First Named Inventor	Neo C. Peng
	Art Unit	3724
	Examiner Name	B. D. Ashley
Total Number of Pages in This Submission	Attorney Docket Number	M4065.0394/P394




ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico
Signature	
Date	January 20, 2004

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FEE TRANSMITTAL for FY 2004		Complete if Known																																																																																																																																																																																																																																																																																											
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$) 440.00</p>		Application Number: 09/805,111-Conf. #1491																																																																																																																																																																																																																																																																																											
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <p> Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>																																																																																																																																																																																																																																																																																													
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